

VACCINE PREFERENCE CHART			
Vaccine	Description	Manufacturer	Comments
Hepatitis B-Hib**	Comvax	Merck	
DtaP*	Tripedia <input type="checkbox"/>	Aventis	
	Daptacel <input type="checkbox"/>	Aventis	
	Infanrix <input type="checkbox"/>	GSK	*Pre-fill Syringes <input type="checkbox"/> Vials
DPH**	Pediarix	GSK	*Pre-fill Syringes <input type="checkbox"/> Vials
IPV**	IPOL	Aventis	
HAP*	VAQTA <input type="checkbox"/>	Merck	
	HAVRIX <input type="checkbox"/>	GSK	*Pre-fill Syringes <input type="checkbox"/> Vials
HPF*	Recombivax <input type="checkbox"/>	Merck	
	Engerix-B <input type="checkbox"/>	GSK	*Pre-fill Syringes <input type="checkbox"/> Vials
HIB*	ActHIB <input type="checkbox"/>	Aventis	
	PedvaxHIB <input type="checkbox"/>	Merck	
	HibTITER <input type="checkbox"/>	LED	
MMR**	MMR II	Merck	
PCV 7**	Prevnar	LED	
Pneumococcal Polysaccharide 23 – valent**	Pneumovax	Merck	
VAR**	Varivax	MSD	

* Upon availability you are now able to choose your preference of manufacturer for the following vaccines: DTaP, HAP, HPF and HIB. Please designate your 1st, 2nd, or 3rd choice. All other vaccines only have one manufacturer therefore you will only have one option. When ordering **pre-fill syringes**, your office will be responsible for purchasing the needles. ***The VFC Program will not provide needles.**

** Only one manufacturer.